



United States Department of the Interior



BUREAU OF LAND MANAGEMENT

California State Office
2800 Cottage Way, Suite W-1834
Sacramento, CA 95825

www.ca.blm.gov

Dear Applicant:

Thank you for your interest in the California Bureau of Land Management's (BLM), 2005 Rural Fire Assistance Program (RFA). The program targets rural and volunteer fire departments that routinely help fight fire on or near BLM administered lands. The goals of this program are to enhance the wildland fire protection capabilities of rural fire departments through training, equipment purchase, and prevention work on a cost-shared basis.

Applications will be accepted until **September 24, 2004**. Minimum eligibility requirements for this program include:

1. Your department has an agreement with the state forester or a cooperative fire agreement with a Department of the Interior agency;
2. Your department serves a community with a population of 10,000 or less, which is adjacent to or neighboring lands managed by a Department of Interior agency;
3. Your department is requesting funding for training, equipment, and prevention activities related to wildland fire; and
4. Your department is able to meet at least a 10% cost share that may include in-kind services.

Awards are limited to \$20,000. However, due to the large number of applications expected and the limited funding available, most awards are expected to be in the \$1,000 - \$10,000 range.

Please review all attachments to this letter including the application and supplemental forms, timelines, and selection criteria. All applications will be evaluated against the selection criteria and funding awarded on a competitive basis.

For additional information please visit the Rural Fire Assistance Program web page at www.fireplan.gov/step1.cfm. For assistance with the application process, contact your local BLM office and request the Fire Management or Fire Prevention Specialist. To locate the BLM office nearest to your department, please view the map located at <http://www.ca.blm.gov/fieldoffices.html> or contact Miriam Morrill, our Rural Fire Assistance Program Manager at 916/978-4436.

Attachment: Program Information and Application Packet

Bureau of Land Management-California

**2005 Rural Fire Assistance
Grant Application Instructions**

Background:

Rural Fire Assistance (RFA) funding can be used for training, equipment and/or prevention activities that improve safety and wildland firefighting capacity. Products and services that qualify for funding include, but are not limited to:

- Training
 - Basic, advanced, or refresher wildland fire training
 - Simulation drills
 - Training for future recruitment needs
- Equipment
 - Personal Protective Equipment (PPE)
 - Radios (P25's or similar) & other communication equipment (*Only P-25 compliant radios can be purchased- see Fact Sheet attachment*)
 - Pumps, hose, shovels, Pulaski's, & other non-capitalized wildland fire equip (*Non-capitalized equipment purchases are those items with a cost less than \$10,000*)
- Fire Mitigation/Prevention/Education
 - Home and community protection planning (i.e., inspections, evaluations, and evacuation plans)
 - Educational products with topics related to defensible space, fire prevention and fire ecology
 - Community workshops such as Firewise

Application Process:

The following attachments are required to complete your RFA application for submission:

1. The Department of the Interior Rural Fire Assistance Application
2. Bureau of Land Management-California Rural Fire Assistance, 2005 Grant Application Supplemental Information form
3. An itemized list of your request(s) and their respective costs
4. Standard Form 424, Application for Federal Assistance – *Only complete the highlighted/*blocks.*

The BLM California State Office must receive application packets by **September 24, 2004.** Incomplete application packets will not be considered for funding. Please mail your packet to:

<p>BLM – California State Office ATTN: Miriam Morrill, Rural Fire Assistance Program 2800 Cottage Way, W-1834 Sacramento, CA 95825</p>
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If you have questions, please contact your local BLM Field Office, Agreement Specialist, or RFA Program Manager:

BLM Field Offices: www.ca.blm.gov/fieldoffices.html
Deborah Dokes, Agreements Specialist, 916/978-4322
Miriam Morrill, RFA Program Manager, 916/978-4436

Timeline:

All applications will be reviewed, evaluated, and ranked by a panel of BLM wildfire specialists in late-September. In the following months, successful applicants will be notified of the amount of their assistance award. Additional forms will then need to be completed and an assistance agreement between the BLM and the fire department will be developed or an existing agreement modified. Once all required paperwork is completed and returned, payment will be made by electronic funds transfer to the fire department's designated financial institution.

Funding Priorities:

Priority grant selections will be based on a department's organizational/operational profile, as follows:

- Operates as a fire department serving a rural population of 10,000 people or less
- Members lack wildland fire personal protective equipment (PPE)
- Members lack wildland fire training OR need updating/advanced course work
- Basic safety equipment is not available for wildland firefighting (including, but not limited to, radios, first aid kits, hand tools)
- Wildland fire prevention programs/activities not available locally
- Regularly assist BLM in wildland fire suppression actions
- Regularly assist in protecting BLM public lands
- High percentage of wildland/urban interface protected relative to other applicants
- High percentage of "Communities-At-Risk" relative to the other applicants
- High frequency of responses to wildland/urban fire incidents in local area

If your department does not fit the operational profile, as listed above, do not be discouraged from applying to this grant program. These are ranking criteria for a competitive grant process. Applications that meet the grant requirements, but are not funded due to a low-ranking or are post-marked after the closing date, will be compiled for evaluation and development of alternative assistance strategies.

Department of the Interior Rural Fire Assistance Application	
Fire Department Name:	Date Submitted:
Fire Department mailing address:	
Fire Department Contact Person:	Fire Department Business Phone Number:
Cooperative Fire Agreement Information:	
Your Cooperative Agreement Number: _____	
Your Cooperative Fire Agreement is with: <input type="checkbox"/> DOI Agency (BLM, FWS, BIA, NPS) <input type="checkbox"/> Tribal <input type="checkbox"/> State <input type="checkbox"/> None	
Agency Contact Name: _____	Agency Phone Number: _____
Agency Address: _____	
Number of wildland-urban intermix acres protected by Fire Dept:	Community Population:
Average annual number of wildland fire responses within primary response area: (Do not include mutual aid responses)	
Average annual number of wildland mutual aid responses:	
Number of Fire Department wildland fire engines:	
Total number of active members on the Fire Department:	
Does the Fire Department currently have wildland fire Personal Protective Equipment (PPE) for all active members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, how many members are not equipped with PPE?	
How many members of your Fire Department do not meet your basic firefighter safety training?	
Have you analyzed your Fire Department's wildland fire prevention program needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
BRIEF SUMMARY OF THE PURPOSE AND OBJECTIVES OF REQUEST:	
<i>"PLEASE ATTACH AN ITEMIZED LIST OF YOUR REQUEST AND RESPECTIVE COSTS"</i>	
Name and Title of Requestor:	
Name and Title of Department of the Interior Officer reviewing:	
<i>FOR DEPARTMENT OF THE INTERIOR USE</i>	
Date Department of the Interior Official Reviewed:	
Date Approved _____ Amount Approved _____	

Bureau of Land Management- California Rural Fire Assistance 2005 Grant Application Supplemental Information

Fire Department ID number: <i>(5 digit California Fire Incident Reporting System code if applicable)</i>	Contact Email Address:
Department's DUNS number: <i>(Required of all prospective financial assistance applicants effective Oct 2003, Obtain at www.dnb.com or by calling 8001333-0505)</i>	
County:	Congressional District #: (www.calvoter.org/maps)
Department's location using decimal degrees: (Ref: www.topozone.com or similar mapping program) Latitude (example 38.5321): _____ Longitude (example -119.4465): _____	
Name of Nearest BLM Field Office (www.ca.blm.gov/fieldoffices.html):	
Does your department protect one or more of the Communities-at-Risk as identified by the August 21, 2002 Federal Register? (www.fireplan.gov/reports/351-358-en.pdf pages 43387-43391) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list the communities: _____	
Does your department regularly assist in protecting BLM public lands? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, average number of annual responses: _____ Does your department regularly assist in protecting other federal lands? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, average number of annual responses: _____ Check which federal lands: <input type="checkbox"/> USFS <input type="checkbox"/> BIA <input type="checkbox"/> NPS <input type="checkbox"/> FWS Does your department actively report in the National Fire Incident Reporting System? (www.nfirs.fema.gov/) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Cost of Equipment/Prevention/Training (requested amount plus matching): \$ _____ BLM Grant Amount Requested (\$20,000 or less and no more than 90% of total cost): \$ _____ Your Match Contribution (min. 10% private matching): \$ _____	
Are you requesting funding, from any other source, for some of all of the items identified in this proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name the funding source (s): _____	
Has your department received any BLM Rural Fire Assistance funding in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the cumulative/total amount? _____ Has your department received funding from the Volunteer Fire Assistance Program through CDF or Assistance to Firefighters Program through FEMA in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the cumulative/total amount per program? _____	
Describe how you will meet the minimum 10% matching contribution (You can find guidance to federal grant matching requirements at www.omb.gov sections A-102 C__24 or A-110C__23 and fund-raising ideas from www.action-training.com/raising-matching-funds.asp)	

ATTACH AN ITEMIZED LIST OF YOUR REQUEST AND RESPECTIVE COSTS

Format your request(s) and costs under the following categories:

Training (Wildland)

Basic

Refresher

Advanced

Training (Other)

Prevention (within local community)

Workshops (Firewise, etc)

Assessments and Planning

Other Activities

Prevention (outside local community)

Equipment (Wildland)

Safety and Communications

Apparatus

Tools/Supplies

Water Handling

Office Fact Sheet

RURAL FIRE DEPARTMENT P25-NARROW BAND REQUIREMENT

Introduction

This requirement covers the particulars for purchasing Rural Fire Department Land Mobile Radio communication equipment in California. As mandated by the National Telecommunication and Information Administration (NTIA), The Department of Interior is required to convert from wide band to narrow band (25 kHz to 12.5 kHz channel spacing) operation by Jan 1, 2005. In accordance with BLM's IM 2002-052, (Radio Support for Cooperators), APCO P25 standard compliant radio equipment will be procured to replace existing radios.

Project 25 (P25) compliant radio equipment is defined as equipment meeting the standards identified in the EIA/TIA-102 series of documents. Any Bureau purchase of radio equipment for cooperators, donation, or loan of radio equipment to cooperators must also be Project 25 compliant.

Vendors and Sources of P25 Equipment

Numerous vendors support and supply P25 radio communication equipment, On December 17, 2002, President George Bush signed into law the Electronic Government Act. This act allows State and Local Governments to purchase P25 radio equipment through the GSA Schedule 70. Information on GSA purchases of P25 radio equipment can be found at <http://www.gsa.gov>.

The following is a list of the P25 radio manufacturers that are currently on the DOI contract. Formal arrangements for non-federal purchases under this contract are not yet final but requesting the DOI price is an option that some vendors may honor:

CONTRACT NUMBER	VENDOR NAME & ADDRESS	SALES POC	FAX ORDERS TO
NBC030001	Thales Communication Inc. 22605 Gateway Drive Clarksburg, MD 20871	Steve Nichols 240-864-7619 800-258-4420	Attn: Steve Nichols 240-864-7620
NBC030002	Datron World Communications Inc. 3030 Enterprise Ct. Vista, CA 92083	Corbat Scott 760-597-1500 877-896-8777	Attn: Sales Department 760-597-1510 540-286-2604
NBC030003	Relm Wireless Corporation DBA BK Radio 7100 Technology Drive West Melbourne, FL 32904	*Pete Rogell 321-953-7809	Attn: Becky Prosser 321-984-0434 800-704-3177

NBC030004	Daniels Electronics, Ltd. 43 Erie Street Victoria, BC Canada V8V 1P8	Gary Ranson 800-664-4066 250-382-8268	Attn: Sales 877-750-0004 250-382-6139
NBC030005	Technisonic Industries Limited 240 Traders Blvd. E Mississauga, ON Canada L4Z 1W7	Robert Riel 905-890-2113 X210	Attn: 905-568-8817

NBC030006	IDA Corporation 1345 Main Ave. Fargo, ND 58103	Myron Carlisle 800-627-4432 mcarlisle@idaco.com	Attn: Myron Carlisle 218-236-1886
NBC030007	IFR Systems, Inc. 10200 West York St. Wichita, KS 67215	Jerry Bendez 800-835-2532 X559	Attn: Jerry Bendez 316-524-2623
NBC030008	EF Johnson Company 299 Johnson Ave. Waseca, MN 56093	Electa Kreis 402-861-9181 ekreis@efjohnson.com	Attn: Order Administration 507-835-6485
NBC030009	Motorola USFGMD 7230 Parkway Drive Hanover, MD 21076	Joe Cecere 877-873-4668 X6218 josephcecere@motorola.com	Attn:
NBC030010	King Communication USA, Inc. 1583 East Silver Star Rd, Suite 329 Ocoee, FL 34761	Wayne Stephenson 321-698-0400	Attn: Wayne Stephenson 321-952-9174

Examples of Vendors Specific Model Numbers for P25 Portable/Mobile Equipment:

“Thales 25” Portable.....<http://www2.thalescomminc.com> Datron “Guardian” Portable and Mobile...<http://www.dtwc.com/safetydwc.html> *Bendix/King “DPH”5102x-01 Portable.....http://www.relm.com/pages/products/pdf/DPH_pre.pdf EFJohnson “5100 Portable/5300Mobile”....<http://www.efjohnson.com> Motorola “XTS3000/3500/5000” Portable Motorola “Astro P25” Mobile..... <http://www.motorola.com>

*Ca BLM is upgrading to this model. DOI negotiated cost/unit is approx. \$1350.00. Vendor has agreed to honor the DOI price once a department is selected for BLM’s Rural Fire Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

Complete
highlighted *blocks

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED *	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name *:		Organizational Unit:	
		Department *:	
Organizational DUNS *:		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street *:		Prefix:	First Name *:
City *:		Middle Name *:	
County *:		Last Name *:	
State *:	Zip Code *:	Suffix:	
Country:		Email *:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) *: □□-□□□□□□□□		Phone Number * (give area code)	Fax Number * (give area code)
8. TYPE OF APPLICATION *: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT *: (See back of form for Application Types) Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): □□-□□□□		9. NAME OF FEDERAL AGENCY *:	
12. AREAS AFFECTED BY PROJECT *: (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT *: BLM Rural Fire Assistance Grant * Circle request(s): Training, Prevention, Equipment	
13. PROPOSED PROJECT- Rural Fire Assistance Grant Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF (www.calvoter.org/maps): a. Applicant *:	
		b. Project *:	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal (\$ requesting) *:	\$.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant (your 10% match) \$:	\$.00	DATE:	
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? *	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL (a+b) *:	\$.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name *:	Middle Name *:	
Last Name *:	Suffix		
b. Title *:	c. Telephone Number * (give area code)		
d. Signature of Authorized Representative *:	e. Date Signed *:		

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District </div> <div style="width: 45%;"> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization </div> </div>	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: <ul style="list-style-type: none"> "New" means a new assistance award. "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <div style="display: flex; justify-content: space-between;"> A. Increase Award C. Increase Duration </div> 	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		